

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/830582**

FILING DATE

APPLICANT(S)

Edushina

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5				2		
6				2		
7				2		
8				2		
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50						
TOTAL IND.			1			
TOTAL DEP.				20		
TOTAL CLAIMS			23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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